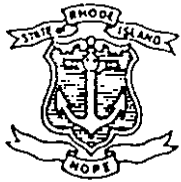


Filing Fee: \$100.00

ID Number: 100291



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13.8 of the General Laws, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

The Weisz Family Limited Partnership

(The name must contain the words "limited partnership" or the letters and punctuation "l.p." or "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

1420 Hospital Trust Tower, Providence, RI 02903

3. The name and address of the specified agent for service of process is Andrew H. Davis, Jr.

(Name of Agent)

1420 Hospital Trust Tower

Providence

02903

(Street Address, not P.O. Box)

(City/Town)

RI

(Zip Code)

4. The name and business address of each general partner is:

General Partner

Business Address

Paul B. Weisz

355 Blackstone Boulevard, Apt. 118, Providence, RI

Lillian R. Weisz

355 Blackstone Boulevard, Apt. 118, Providence, RI

5. The mailing address for the limited partnership is 355 Blackstone Boulevard, Apt. 118

(Street Address)

Providence

RI

02906

(City/Town)

(State)

(Zip Code)

6. Any other matters the partners determine to include therein *(If additional space is required, please list on separate attachment.)*

As set forth in the Agreement of Limited Partnership.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership and that all statements contained herein are true and correct.

Paul B. Weisz

Paul B. Weisz

Lillian R. Weisz

Lillian R. Weisz

(Signature(s) of all general partners named herein)

Dated April 22, 19 98

FILED

APR 23 1998

By

[Signature]
202350